



Illinois Department of Public Aid

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INFORMATIONAL NOTICE

TO: Participating Physicians, Advanced Practice Nurses, School Based Clinics and Local Health Departments

RE: Billing for Antepartum Care and Delivery Services

The purpose of this notice is to provide clarification on the department's policy regarding billing for antepartum care and delivery services.

Antepartum visits include specific components as outlined by the American Medical Association in the Current Procedural Terminology (CPT) manual. These components include, but are not limited to, physical examination, weight monitoring, blood pressure, fetal heart tones, and routine chemical urinalysis (refer to the CPT manual for a complete definition of these procedures). Whether billing for dates of service (DOS) prior to April 1, 2004, using CPT codes 59420, 59425 or 59426, or for DOS April 1, 2004, and after using the appropriate evaluation/management code and the TH modifier, providers should not bill the department separately for any of the antepartum visit components.

Payment for delivery includes admission to the hospital, the admission history and physical, management of labor, vaginal or cesarean delivery and postpartum hospital care. This policy is outlined in the Handbook for Physician Services, A-200, Topic A-290.

Any questions regarding this notice should be directed to the Bureau of Comprehensive Health Services at 217-782-5565.

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Administrator
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